



Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | OCTOBER 2014



PART B: GRANTS TO STATES AND TERRITORIES

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 provides grants to states and U.S. territories. Part B grants include a base grant, the AIDS Drug Assistance Program (ADAP) award, ADAP supplemental funds, funding for Emerging Communities, and, upon request, additional funds for Minority AIDS Initiative activities. Eligible grantees may also apply for Supplemental Part B funding.

ELIGIBILITY

All 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the six U.S. Pacific territories/associated jurisdictions are eligible to apply for Emerging Community funding. Emerging Communities are defined as those reporting between 500 and 999 cumulative reported AIDS cases over the most recent five years.

GRANTEES ARE
REQUIRED TO
SPEND AT LEAST
75% OF THEIR
PART B GRANT
FUNDS ON CORE
MEDICAL SERVICES
AND NO MORE
THAN 25%
ON SUPPORT
SERVICES.

GRANTEES

Grantees are state departments of health or other state entities that implement and manage state public health programs.

SERVICES

Part B funds core medical services and support services. Core medical services include outpatient and ambulatory health

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 536,000 PEOPLE EACH YEAR WHO DO NOT HAVE SUFFICIENT HEALTH CARE COVERAGE OR FINANCIAL RESOURCES TO COPE WITH HIV DISEASE. THE MAJORITY OF RYAN WHITE HIV/AIDS PROGRAM FUNDS SUPPORT PRIMARY MEDICAL CARE AND ESSENTIAL SUPPORT SERVICES. A SMALLER BUT EQUALLY CRITICAL PORTION IS USED TO FUND TECHNICAL ASSISTANCE, CLINICAL TRAINING, AND RESEARCH ON INNOVATIVE MODELS OF CARE. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, IS CURRENTLY FUNDED AT \$2.32 BILLION.

services, ADAP, AIDS pharmaceutical assistance, oral health care, early intervention services, health insurance premium and cost-sharing assistance, home health care, medical nutrition therapy, hospice services, home and community-based health services, mental health services, outpatient substance abuse care, and medical case management, including treatment-adherence services.

Support services must be linked to medical outcomes and may include outreach, medical transportation, linguistic services, respite care for caregivers of people with HIV/AIDS, referrals for health care and other support services, case management, and residential substance abuse treatment services.

Part B grantees and subgrantees actively engage in assessing client eligibility for both marketplace plans and Medicaid, where applicable, and the available services and cost effectiveness of the marketplace plans for people living with HIV (PLWH). The Part B ADAPs vigorously pursue enrollment in the available health coverage options for eligible clients.

Grantees are required to spend at least 75% of their Part B grant funds on core medical services and no more than 25% on support services.

IMPLEMENTATION

Some states provide some services directly; many subcontract with service providers to deliver core medical and support services to PLWH; and others subcontract with HIV Care Consortia, which are associations of public and nonprofit health care and support service providers and community-based organizations that plan, develop, and deliver services for people living with HIV disease. Services provided through a consortium are considered support services.

FUNDING CONSIDERATIONS

- ▶ Base Part B grants are awarded using a formula based on reported living cases of HIV/AIDS in the state or territory.

\$900 million

was appropriated by Congress to Part B ADAP in fiscal year 2014

\$415 million

was appropriated by Congress to Base Part B in fiscal year 2014

States with more than 1% of total HIV/AIDS cases reported in the United States during the previous two years must provide matching funds with their own resources using a formula outlined in the legislation. Approximately \$415 million was appropriated in fiscal year 2014.

- ▶ Additional Part B funds are appropriated for state ADAPs, which primarily provide HIV-related medications. Fundable services include treatment adherence as well as health insurance coverage with acceptable prescription drug benefits. Five percent of the ADAP appropriation is reserved for additional funding to states and territories that have a severe need for medication assistance. Approximately \$900 million was appropriated for Part B ADAP in fiscal year 2014.

A competitive supplemental grant program authorized in 2006 and based on demonstrated need criteria is available.

